

UNITED STATES OF AMERICA
FEDERAL COMMUNICATIONS COMMISSION

APPLICATION FOR CERTIFICATE OF REGISTRATION OF DIATHERMY APPARATUS,
UNDER PROVISIONS OF ORDER No. 4, DATED APRIL 16, 1942,
DEFENSE COMMUNICATIONS BOARD

NOTE: The applicant should be the person in possession of the Diathermy Apparatus to be registered. One copy of this application should be submitted to the Federal Communications Commission, Washington, D. C., for each unit registered.

1. Name of applicant _____
(If private individual, give full name)

2. Residence of applicant or applicant's principal officer _____
City _____ State _____

3. Mailing address of applicant _____
Street _____ City _____ State _____

4. Identify character of applicant by checking one:

Licensed medical practitioner	<input type="checkbox"/>	Physiotherapist	<input type="checkbox"/>	Hospital, sanatorium or clinic	<input type="checkbox"/>
Manufacturer	<input type="checkbox"/>	Wholesale or Retail Distributor	<input type="checkbox"/>	Other	<input type="checkbox"/>

5. Description of the Diathermy Apparatus for which registration is sought:

Manufacturer _____ Model and serial number _____ Frequencies used _____
Does apparatus employ vacuum tubes? _____ If so, give number and type of tubes _____

6. (a) Apparatus is normally operated at _____
Street _____ City _____ State _____

(b) If apparatus is operated at locations other than specified above, give details:

7. (a) Is operation of apparatus confined to one room within building? _____

(b) Is room of operation electrically shielded, i.e., is apparatus in a metallicly screened space or at a location in which walls, floor and ceiling have been metallized and bonded? _____

8. If applicant is an individual:

(a) Are you a citizen of the U. S.? _____ If so, by birth _____ 1
by naturalization _____ 2
by naturalization of others _____ 3
by other means _____ 4

Birth data _____
Country _____ State _____ City _____ Date _____

(b) If not a citizen of U. S., to what country do you owe allegiance? _____

(c) Are you a representative of a foreign country? _____ If so, which? _____

9. If applicant is a corporation, association or other organization in which there is any alien ownership, membership or control, either direct or indirect, give full data regarding such alien connections. If additional space is needed, attach such data as an exhibit to this application.

Dated this _____ day of _____, 19____.

(Signature of applicant)